

Wharton Health Care Management Department

HCMG 868 - 001:

“Private Sector Participation in Global Health Development”

Course Prospectus, Spring, 2016

THIS COURSE MEETS ON MONDAYS THROUGHOUT THE SEMESTER FROM 3:00 PM TO 4:30 PM. THE FIRST SESSION, HOWEVER, IS ON WEDNESDAY, JANUARY 13. THE SECOND SESSION WILL BE ON MONDAY, JANUARY 25 (OWING TO MLK DAY), AND ON ALL MONDAYS THEREAFTER THROUGH THE END OF THE SEMESTER, EXCEPT FOR SPRING BREAK

THIS SYLLABUS AND SESSION AGENDA IS PROVIDED AS A GUIDE FOR COURSE SELECTION. THE 2016 SESSION AGENDA IS IN PREPARATION. THE 2015 SESSION AGENDA IS INCLUDED AS AN INDICATION OF TOPICS AND SPEAKERS.

UNDERGRADUATE AND GRADUATE STUDENTS FROM OUTSIDE THE WHARTON MBA PROGRAM ARE ELIGIBLE TO REGISTER FOR THE COURSE. PLEASE SEE MRS. JANICE SINGLETON IN THE HEALTH CARE MANAGEMENT DEPARTMENT OFFICE ON THE SECOND FLOOR OF COLONIAL PENN CENTER, LOCUST WALK.

This is a 0.5 cu course

Instructor: Steve Sammut

Senior Fellow and Lecturer, Wharton Health Care Systems and Entrepreneurship

Office hours: Sign-up sheet posted on webcafe or by special appointment

Location: Vance Hall – Room # 422

Classes: Mondays throughout the semester: 4:30 to 5:50 PM

E-mail: smsammut@wharton.upenn.edu

By snail mail or over-night courier: please sign to authorize “drop-off:

300 East Lancaster Avenue, Suite 1002

Wynnewood, PA 19096

Course Units: 0.5 cu

Prerequisites: General knowledge of Health Care Systems or life sciences and an interest in global health

Eligible Students: Students in graduate or professional programs University-wide. Instructor welcomes undergraduate and graduate students from all Schools of the University who are passionate about the challenges of global health

Course materials: Text book (*Global Health: Diseases, Programs, Systems and Policies*, 3rd edition by Merson, Black and Mills)

Scientific American Lives: New Answers for Global Health (will be distributed for free in first class)

Course pack

Web Café Postings

Learning Objectives:

The purpose of this course is to describe entrepreneurial and business approaches that the private sector can implement in addressing the issues of global health, especially in developing countries. In particular:

1. The course does not attempt to duplicate a conventional international public health course, but builds upon what is conventionally known and taught in such courses from a managerial perspective. The course will address a range of means of managing medical services and related businesses—public and private—in underserved areas for underserved populations in emerging markets and developing countries, and where appropriate, in underdeveloped parts of developed countries.
2. The descriptive focus will be on how these services currently are managed or otherwise handled, especially with regard to care for or control of key disease such as malaria, HIV/AIDS, tuberculosis, parasitic diseases, or other indigenous diseases that have broad debilitating and destabilizing social and economic effects.
3. It is the case that best practices and equitable, effective access to care are largely non-existent. Students and participating faculty will collaborate in the discovery and creation of service models. Field-testing of these models will depend on available grant resources or collaborations developed with USAID, World Bank, the World Health Organization, or other NGOs or foundations, such as the Bill & Melinda Gates Foundation, The Wellcome Trust, The Rockefeller Foundation, Doctors of the World, and others. The class will develop a system of benchmarks and other measures to determine effectiveness.
4. Examination of the criteria used by international development agencies for the allocation of resources to different regions and the possible conversion of these distributions into the capitalization, funding or advance purchase contracts for entrepreneurial enterprises.
5. Origination and launch of structured programs and effective organizations: the determinants and role of public and private entrepreneurship, public-private partnerships and other approaches to addressing the issues.
6. Creation and development of specific entrepreneurial solutions to such needs as drug manufacture and availability, the management and tracking of drug distribution, health finance and insurance, cost-effective services, health systems optimization and the like.

The above topics will be explored through a series of specific themes that will be addressed in separate sessions, often by a guest speaker. The themes are:

- **Private Sector Role in GH**
(The intersection of GH needs and private sector initiatives)
- **Private Public Partnerships**
- **Health Care Financing in the Developing World**
 - o Global Fund / PEPFAR
 - o Int'l Agencies/Foundations (USAID/Gates)
 - o Insurance Programs
 - o Domestic Governments
- **Medical Tourism**
- **Globalization and Health Care:**
(Assess cross-border risks/opportunities in securing health)
 - o Trade Policies
 - o IP issues: Licensing of products to the developing world
 - o Bioprospecting
- **Economics of Essential Medicines**
(Define essential meds - e.g., childhood vaccines, HIV/TB/Malaria meds)
 - o Pricing
 - o Distribution
 - o Wastage
- **Access Barriers Beyond Price**
 - o Distribution: Channels, cold chains, wastage
 - o Provider education/supply
 - o Follow-up to care and long-term coverage
- **Innovation in Global Health**
 - o Private Sector Initiatives to address Unmet Medical Needs
 - o Funding Innovation
 - o AMC's
 - o VC's / PE's
 - o Innovative Capabilities of Developing Countries
- **Health Technologies for Developing Countries**
(Consumables, Medical Devices, Diagnostics)

Course Requirements:

Grading will be based on:

- Class discussion and course blog postings: 20%
- Individual Take-Away submission: 10%
- Course Project (individual or team): 70%

Class Discussion Criteria:

Active contribution and enrichment of class discussion, e.g. by drawing upon and sharing

your professional, field and clinical experiences and relating these to the subjects at hand. The webcave will include a special blog for contributions – postings will factor into the class contribution grade.

Individual Take-Away Submission:

This is a brief written analysis of a key class theme as it is covered by a given speaker and corresponding readings. It must be completed individually. You will discuss and assess a topic (e.g., Private Public Partnerships) by drawing on points from at least 1 speaker and at least 2 readings.

Process: Sign up on Webcave for the theme you would like to cover. There are the following 8 themes and each theme can be chosen by a maximum of 5 students:

1. Private Public Partnerships
2. Health Care Financing in the Developing World
3. Medical Tourism
4. Globalization and Health Care
5. Economics of Essential Medicines
6. Access Barriers Beyond Price
7. Innovation in Global Health
8. Health Technologies for Developing Countries

Length: 1-2 pages

Content: Must cite specific points from at least 1 speaker and at least 2 readings.

Due date: To be announced

Course Project: Guidelines and Submission Schedule

Students—alone or in teams—will be free to propose their own relevant projects to the instructor. These projects should in a major way address private sector solutions to global health. *Generally, the instructor is happy to accept a deliverable built around a Wharton Health International Volunteer Project. Students expecting to participate in a winter break or spring break project should consult with the instructor **prior to the start of the field project**. Teams should have no more than 4 people per team. The final paper is to be a maximum of 20 double-spaced pages, excluding exhibits.*

The following deadlines are to help the students manage their time throughout the semester and must be met accordingly.

By Sunday, February 1, 2014, 11:59 PM: Post to Canvas>Assignments your one-page project proposal and names of team members with e-mail addresses (if any).

Between sessions 3 and 5 the instructor will meet with teams to discuss the projects, determine scope and define the deliverables. See Canvas for Sign-up information

By Sunday, February 22, 11:59 PM: Post to Canvas>Assignments a two page detailed, annotated outline with bibliography.

By Saturday, April 25, 11:59 PM: Upload to Canvas>Assignments a succinct PowerPoint summary of the project that you will present on the final day of class, Monday, April 28th. The standard length and allowed time for each presentation will be announced to the class by mid-semester once the final number of projects is determined (though will probably be about 5 to 10 minutes per presentation).

By Wednesday, April 29, 2015, 5:00 PM. Post your final project to the Final Project Assignment Folder on Canvas. Instructor will advise students on the format for their deliverable during the appointments to discuss project proposals.

Reading Materials

1. *Reimagining Global Health: An Introduction*, Paul Farmer, Jim Yong Kim, Arthur Kleinman and Matthew Basilio, University of California Press, 2013
Available in hard copy and as an e-book.
2. *Scientific American Lives: New Answers for Global Health* (will be distributed for free in first class)
3. Course pack
4. Canvas Postings (under Files)

The instructor has selected case studies, articles, book chapters and monographs that address the issues in the course provided in the Course Pack.

One or more readings are designated as preparation for each session. The instructor will announce the appropriate reading module as the speaker schedule is solidified. The number of readings is long for each module and the amount of reading voluminous.

Remember that you must select readings for the “Individual Take-Away Submission” reports (10% of grade) as described above.

The Reading Modules are designed to tie-in with the themes. The modules are:

1. The Scope of the Problem
2. The Context of Global Health and Private Sector Involvement
3. Public Private Partnerships
4. Health as a Human Right, Ethics and Health Equity
5. Health Care Finance in the Developing World
6. Globalization and Health Policy
7. Essential Medicines Availability
8. Innovative Capability of Developing Countries
9. Funding Innovation for Global health Needs
10. Trade Policies, Intellectual Property and Bioprospecting

11. Programs and Interventions

About the instructor

Stephen M. Sammut

Senior Fellow, Health Care Management and Lecturer, Entrepreneurship, Wharton School
Co-Founder and Vice President, Academic Programs and University Partnerships, One University
Network

Mr. Sammut currently holds an appointment as Senior Fellow, Health Care Management and Lecturer, Entrepreneurship at the Wharton School of the University of Pennsylvania. During his 24 years teaching at Wharton, he has created numerous courses, including Private Equity in Emerging Markets, Health Care Entrepreneurship and the Role of the Private Sector in Global Health. He has taught over 9000 students at Penn.

Mr. Sammut is a career entrepreneur, venture capitalist and private equity investor operating globally. During his career, he has founded, managed or financed over 40 companies in health care, life sciences, education, and information technology globally. His primary areas of research and publication coincide with his venture and private activity: private equity and venture capital approaches to economic development; health systems and biotech capacity building in the emerging markets; the role of the private sector in addressing needs in global health; introduction and support of appropriate health care technologies in global health; and, evidence driven decision making in global health.

Mr. Sammut also Co-Founded and is Vice President, Academic Programs and University Partnerships of One University Network, an international on-line, higher education learning platform affiliated with universities internationally.

He is visiting faculty and coordinator of the Indian School of Business healthcare management program in which he teaches a course on the Indian health care system. He is also visiting faculty at the Strathmore University Business School in Nairobi, Kenya where he founded the first Health Care Management MBA program on the African continent, as well as founding the African Institute for Health Care Management. At Strathmore he teaches a course on the Kenyan Health Care System, and Decision Making in Health Care Organizations. He is a member of the Advisory Panel at the Abraaj Capital Africa Health Fund and a Senior Advisor to the Excelsior Group in Nairobi. He has consulted for the governments of Brazil, China, India, Israel, Japan, Kenya, Malaysia, Russia, Singapore, South Africa, South Korea, and the United Arab Emirates on policies to promote venture capital and private equity, as well as building a biotechnology industry with appropriate policies on intellectual property and regulation in clinical development.

Mr. Sammut's community development time ties his research with practice. He founded and chairs the International Institute for Biotechnology Entrepreneurship which has conducted 45 intensive courses or "boot camps" in 12 countries over the last 10 years. His other community-oriented activity includes board membership on HealthRight International, Center for Medicine in the Public Interest, BioEthics International and the Agora Partnership.

During his career, Mr. Sammut has been a Venture Partner at Burrill & Company, a merchant bank and venture capital fund focused on the life sciences and health care. His role there was capital formation and general management of overseas venture capital funds, particularly in Latin America and the Asia-Pacific region. He has also consulted with the IFC and World Bank on private equity investment protocols and practices, technology transfer, venture capital program assessment and bioethics due diligence. Earlier in his career he was Vice President, SR One, the venture capital arm of GSK, and Vice President for Corporate Development at Teleflex Incorporated where he led the corporate private equity fund and was responsible for M&A activity. He also served as Managing Director, Center for Technology Transfer at the University of Pennsylvania. He began his career as co-founder and CEO of the transplant organ bank in Philadelphia, the first of its kind in the United States.

He holds graduate and undergraduate degrees from Villanova University in biological sciences and ethics, holds an MBA from the Wharton School and is a DBA Candidate at the Fox School of Business at Temple University.

SESSION AND SPEAKER SCHEDULE 2015
Wharton HCMG 868: The Private Sector in Global Health
Prof. Steve Sammut

smsammut@wharton.upenn.edu

Mondays, 4:30 to 5:50 PM

F-60 Huntsman Hall, Locust Walk between 37th Streets and the “Bridge”

**THIS IS THE SCHEDULE FROM 2015 AND IS INCLUDED AS AN ILLUSTRATION OF
CONTENT AND SPEAKERS. THE 2016 SCHEDULE IS IN PREPARATION**

Sess	Date	Guest and Topic	Preparation and Readings
1	WED JAN 14 All other classes are on Mon	<p>Course Introduction and Lecture: “Fundamental Challenges of Global Health: Making the Case for the Private Sector” Part 1</p> <p>Session Objectives:</p> <ol style="list-style-type: none"> 1. Acquire a definition of global health 2. Identify the principle issues in global health 3. Understand the fundamentals of how health is measured in populations 4. Understand the global transnational factors affecting health 5. Reach an understanding of the problems of health equity 6. Define demographic and epidemiologic transitions 7. Gain an appreciation for the challenges of measuring health and disease 8. Identify the barriers to measuring disability 9. Be familiar with key terms such as: burden of disease, disability adjusted life year, and Risk factors 10. Understand the concept of the health gradient and how it is measured 11. Understand the relationship between social determinants and health 12. Discuss the challenges of improving health for all populations 13. Be familiar with the most common measures of social differences 	<p>Required Reading from course text:</p> <p>Farmer, et al. Chapter 1: Introduction: A Biosocial Approach to Global Health</p> <p>Required Readings from Course Pack:</p> <p>Reading 1. Global Health Definition from the Lancet</p> <p>Reading 20: What is a Health System?</p>

2	Mon Jan 26	<p>“Fundamental Challenges of Global Health” Part 2</p> <p>Session Objectives:</p> <ol style="list-style-type: none"> 1. Identify the key elements and typologies of health systems 2. Review the concepts of efficiency and equity in the context of health system performance 3. Discuss the objectives and impact of health care reform 4. Review the key elements in resource management 5. Discuss the values that underpin management decisions 6. Be familiar with organizational structures and how they impact the role of management 	<p>Required reading from course textbook:</p> <p>Farmer et al. Chapter 2: Unpacking Global Health: Theory and Critique</p> <p>Required readings from course pack:</p> <p>Reading 11: Rich-Poor Differences in Health Care Financing</p> <p>Reading 12: Financing for Global Health</p>
	Sun Feb 1	<p>Post one page project proposal (include team members with e-mails) to Canvas>Assignments by 11:59 PM</p> <p>Sign up for an appointment to discuss proposal on Canvas.</p>	
3	Mon Feb 2	<p>Private Sector Responses to Global Health Challenges: Part 1</p> <p>The lecture will focus on how the private sector can participate in global health through innovative approaches to drug access, focused research and other programs.</p>	<p>Required reading from course textbook:</p> <p>Farmer et al. Chapter 3: “Colonial Medicine and its Legacies”</p> <p>Course Pack:</p> <p>Reading 6: Global Approaches to Private Sector Provision: Where is the Evidence</p> <p>Reading 13: Financing Health in Low Income Countries</p>

	Sun Feb 8	Select and sign up for topic for Take-Away Exercise. Sign-up on Canvas>People>Groups	
4	Mon Feb 9	<p>Private Sector Responses to Global Health Challenges: Part 2</p> <p>Session Objectives:</p> <ol style="list-style-type: none"> 1. Learn the steps of performing evaluation of large-scale health programs 2. Understand the IRIS Impact Model 3. Learn to create a conceptual framework of factors affecting health for the purpose of evaluating an intervention 4. Be familiar with different evaluation design models and data collection methods 5. Learn how to report results, including measuring impact and costs. <p>Learn about methods for data analyses, and types of process, intermediate, and outcome indicators</p>	<p>Required reading from course textbook: Chapter 4 “Health for All? Competing Theories and Geopolitics”</p> <p>Required reading from course pack:</p> <p>Reading 7: Business in Partnership with the Non-Profit Sector</p>
5	Mon Feb 16	<p>Special Guest</p> <p>Dr. Anu Gupta Former Executive Director for Strategic Alliances and Grantmaking Worldwide Johnson & Johnson</p> <p>A primary care physician, Anu Gupta believes in philanthropy’s potential to galvanize partnerships and catalyze out-of-the-box solutions to long-standing societal challenges.</p> <p>Until recently, Dr. Gupta was Executive Director for Strategic Alliances and Grantmaking Worldwide Corporate Contributions at Johnson & Johnson. She set the strategic direction and oversaw grantmaking initiatives that strove to couple funding support with expertise in planning, communications, and impact</p>	<p>Required Reading from course pack:</p> <p>Reading 3: The Legitimacy of Business</p> <p>Reading 4: The Options for Business Contributions</p> <p>Reading 5: The Private Sector in the Fight Against Global Poverty</p>

	<p>assessment. Under her leadership, Johnson & Johnson committed over \$35 million towards the elimination of pediatric AIDS. In addition, she fostered a number of funding collaborations and partnerships with key stakeholders including the Clinton Global Initiative, GBC Health, MAC AIDS Fund, MDG Health Alliance, PEPFAR, Skoll Foundation, UN Foundation, and USAID.</p> <p>Over the last decade, Dr. Gupta has led diverse portfolios within the strategic philanthropy group at Johnson & Johnson. She has envisioned a number of new grant-making initiatives including: Children Without Worms, the first program to donate medication to treat intestinal worms in children; the public-private partnership MAMA, an innovative mobile phone initiative bringing health messages to pregnant women and new mothers in low-resource settings; and New Horizons in Pediatric Treatment, the first-ever program to donate HIV medications to treat children living with AIDS.</p> <p>Dr. Gupta has received several awards recognizing her service and contributions. Identified as an “emerging leader” in health philanthropy by Grantmakers in Health, Dr. Gupta was an inaugural fellow at their Terrance Kennan Institute. For the last 6 years, she served on the board of Funders Concerned About AIDS as its treasurer. In 2013, she was invited to join the Alicia Keys Empowered Advisory Council to spotlight the impact of HIV on women in the US. She guest lectures on philanthropy and global health and her blogs have been featured on the Huffington Post and one.org.</p> <p>Dr. Gupta received her BA in English & American Literature from Brown University and her MD from Yale University School of Medicine. She completed her residency in internal medicine at Yale-New Haven Hospital where she was also a Robert Wood Johnson Clinical Scholar. She lives in New Jersey with her husband and their two children.</p>	
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	Sun Feb 22	Post two-page detailed outline with bibliography to Canvas>Assignments	
6	Mon Feb 23	<p>Private Sector Responses to Global Health Challenges: Part 3</p> <p>The Role of Public Private Partnerships in Meeting Global Health Needs</p> <p>Case Questions:</p> <ol style="list-style-type: none"> 1. What public value was created and how would it be sustained by Lilly's initiative? 2. What were the risks of transferring pharmaceutical manufacturing technology to partners in a variety of countries? 3. What were the motivations of the partners in this case? 4. What could the ministers of health for each country do to make the Partnership more effective? 5. What were the benefits and risks for a company of Lilly's stature to initiate and manage a partnership of this complexity? 6. Were there lessons from the Lilly partnership that could be applied to other global health challenges? 	<p>Required reading from course textbook: Chapter 8 "The Unique Challenges of Mental Health and MDRTB: Critical Perspectives on the Metrics of Disease"</p> <p>Case From Coursepack: The Eli Lilly MDR-TB Partnership: Creating Private and Public Value</p>
7	Mon Mar 2	<p>Guest Speaker:</p> <p>Wendy Woods Partner and Global Leader—Social Impact Practice, Boston Consulting Group</p> <p>Wendy is a partner and managing director in BCG's Boston Office. In addition to leading the firm's Social Impact practice, she is the topic leader of BCG's global health work, as well as a member of the Health Care practice.</p> <p>In leading BCG's social impact and global public health efforts, Wendy has built deep expertise in developing countries around the world, and she works extensively with foundations, public-</p>	<p>Required reading from course text book:</p> <p>Farmer et al. Chapter 7. "Scaling Up Effective Delivery Models Worldwide"</p>

		<p>private partnerships, and multilateral organizations. Teaming with these organizations, she has helped develop strategies, create partnerships, strengthen operational capabilities, and improve approaches to delivering health interventions. She has led numerous projects that focus on HIV, tuberculosis, malaria, diarrheal disease, pneumonia, and oncology, across the primary intervention areas of drugs, vaccines, and diagnostics.</p> <p>Before BCG, Wendy was a consultant to the Organization for Economic Cooperation and Development (OECD), and she also worked as a senior economist for the U.S. Bureau of Labor Statistics. She has a degree in economics from the University of Michigan, and she earned her MBA from the Kellogg Graduate School of Management at Northwestern University.</p>	
8	Mon Mar 16	<p>Private Sector Responses to Global Health Challenges: Part 4: Is there a role for Venture Capital and Innovative Finance?</p>	<p>Required reading from course textbook: Chapter 10 “Taking Stock of Foreign Aid”</p> <p>Case from Coursepack: Acumen Fund and Embrace: From the Leading Edge of Social Venture Investing</p> <p>Reading 16: Venture Capital for Development</p> <p>Reading 17: Venture Capital and Global Health</p>
9	Mon Mar 23	<p>Guest Speaker</p> <p>Gina Lagomarsino Principal, Chief Operating Officer and Managing Director. Results for Development Institute (R4D).</p> <p>Results for Development Institute (R4D) is a non-profit organization whose mission is to unlock solutions to tough development challenges that prevent people in low- and middle-income countries from realizing their full potential. Using multiple approaches in multiple sectors, including Global Education, Global Health, Governance and Market Dynamics, R4D</p>	<p>Required Reading from course textbook: Farmer et al. Chapter 9 “Values and Global Health”</p>

		<p>supports the discovery and implementation of new ideas for reducing poverty and improving lives around the world.</p> <p>Gina's focus is on health system design and financing. She leads work aimed at expanding health coverage in low- and middle-income countries, with a particular interest in how to create vibrant health markets that include high-quality, innovative private care providers that are accessible to people regardless of income.</p> <p>Gina leads the Center for Health Market Innovations, which has discovered more than 1000 innovative programs with potential to improve quality and affordability of care for the poor in 110 countries, and is now working to facilitate the scale-up of successful programs. Gina is also the Secretariat lead and a cofounder of the Joint Learning Network for Universal Health Coverage, a network of policymakers in low- and middle-income countries working to accelerate the successful adoption of national health insurance reforms.</p> <p>Prior to joining R4D, Gina was Senior Health Policy Advisor to Washington, DC Mayor Anthony Williams, where she worked to reform the health system of the District of Columbia. She designed and implemented a managed care reform of a public health insurance program serving low-income DC residents. She also spearheaded the District's effort to implement the Medical Homes initiative to expand and improve the quality of private community health centers.</p> <p>Prior to her work in government, Gina was an engagement manager in the Healthcare Practice of McKinsey & Company, where she advised senior executives of health insurance and hospital organizations on strategy and operations. She also worked for Kaiser Permanente, a private integrated financing and delivery system, based in the state of California, where she implemented a new model of primary care at a large multi-specialty medical center and served as a market research consultant for Kaiser insurance products. Gina received a Master's in Business Administration from Harvard University and a Bachelor's degree in Public Policy from Stanford University.</p>	
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10	Mon Mar 30	<p>Guest Speaker</p> <p>Zeena Johar, PhD President, Center for Technologies in Public Health Hyderabad, India</p> <p>Zeena Johar returned to India after obtaining her PhD in Molecular Diagnostics at ETH, Zurich, Switzerland in 2007. As the Founding Member, Zeena led the incorporation of SughaVazhvu Healthcare and IKP Centre for Technologies in Public Health (ICTPH) which are currently disrupting rural Indian health care delivery. Zeena serves as the President at ICTPH and MD & CEO at SughaVazhvu Healthcare. Having launched its first Rural Micro Health Centre (RMHC) in November, 2009, in Thanjavur (Rural India), SughaVazhvu Healthcare today has a network of seven RMHCs reaching 70,000 rural residents. Under Zeena's leadership, the design innovation at SughaVazhvu Healthcare has made services such as ophthalmology, basic dental hygiene, cervical screening, along with acute and chronic disease management accessible to underserved rural residents and has paved a way for creation of a sustainable nationwide primary healthcare system.</p>	<p>Required reading from course textbook:</p> <p>Farmer et al. Chapter 11: “Global Health Priorities for the Early Twenty-First Century”</p> <p>Additional readings to be announced</p>
	Sun Apr 5	<p>Post Take-Away Exercise Submission by 11:59 PM. Post to Canvas>Assignments</p>	
11	Mon April 6	<p>Private Sector Responses to Global Health Challenges: Part 5: The Problem of Drug Access</p> <p>Gilead Sciences- Stanford A Case</p> <p>1. Does Gilead have responsibility to make its drugs available to people who cannot afford it? How far does this responsibility extend? Does Gilead's responsibility extend to developing</p>	<p>Required reading from course textbook: Chapter 5 “Redefining the Possible: The Global AIDS Response”</p> <p>Case Discussion: Reading 19 Gilead Sciences, Inc: Access Program</p> <p>Course Pack:</p>

		<p>distribution networks and supervising the proper use of its drugs?</p> <p>2. Is it wise to rely on Axios for distribution of Viread in Africa?</p> <p>3. Should Gilead register Viread in each country or attempt to expedite the process by relying on import waivers?</p> <p>4. Are the government agencies in the developing countries likely to expedite approval of the sale of Viread?</p> <p>5. Are the media and AIDS activist groups likely to monitor and critique the success of the Gilead Access Program?</p> <p>6. What, if anything, should Gilead attempt to accomplish with the WHO, and how successful is it likely to be?</p> <p>7. In designing its Access Program with whom should Gilead work or consult?</p> <p>8. How significant are the risks to Gilead's intellectual property rights for Viread, specifically those posed by compulsory licensing and Indian generic manufacturers?</p> <p>9. How significant are the risks of drug reimportation and counterfeits? What strategy should Gilead develop to deal with these risks?</p> <p>10. What other problems or obstacles not mentioned above should Gilead be worried about? How should Gilead mitigate them?</p> <p>11. How should Gilead price Viread in each of the income tiers? Defend your pricing scheme based on strategic and/or normative principles.</p> <p>12. What are the lessons learned?</p>	<p>Reading 9: Economics of Essential Medicines</p> <p>Reading 15: Setting Cost Effectiveness Thresholds</p>
12	Mon Apr 13	<p>The Development of the Rotavirus Vaccine</p> <p>Dr. Paul Offit, Chief, Division of Infectious Diseases Director, Vaccine Education Center Children's Hospital of Philadelphia And the Maurice R. Hilleman Professor of Vaccinology and Professor of Pediatrics at the University of Pennsylvania School of</p>	<p>Required reading from course textbook: Chapter 6 “Building an Effective Rural Health Delivery Model in Haiti and Rwanda”</p> <p>Reading 10: Health and Human Rights, Mann et al</p>

		<p>Medicine</p> <p>And</p> <p>Mark B. Feinberg, MD, PhD Vice President Chief Public Health and Science Officer Merck Vaccines</p> <p>Dr. Offit is Chief of Infectious Diseases at The Children's Hospital of Philadelphia and the Maurice R. Hilleman Professor of Vaccinology and professor of Pediatrics at the University of Pennsylvania School of Medicine. He is an internationally recognized expert in the fields of virology and immunology and was a member of the Advisory Committee on Immunization Practices to the Centers for Disease Control and Prevention. Dr. Offit is a member of the Institute of Medicine and co-editor of the foremost vaccine text, <i>Vaccines</i>. Dr. Offit has published more than 130 papers in medical and scientific journals. He is the author or co-author of several books including:</p> <ul style="list-style-type: none"> • <i>Breaking the Antibiotic Habit: A Parent's Guide to Coughs, Colds, Ear Infections, and Sore Throats</i> (Wiley, 1999) • <i>The Cutter Incident</i> (Yale University Press, 2005) • <i>Vaccinated: One Man's Quest to Defeat the World's Deadliest Diseases</i> (Smithsonian Books, 2007) • <i>Autism's False Prophets</i> (Columbia University Press, 2008) • <i>Deadly Choices: How the Anti-Vaccine Movement Threatens Us All</i> (Basic Books, 2011) • <i>Vaccines and Your Child: Separating Fact from Fiction</i> (Columbia University Press, 2011) • <i>Killing Us Softly: The Sense and Nonsense of Alternative Medicine</i> 	<p>Reading 14. An Introduction to Global Health Policy, Lee et al</p>
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		<p>(Harper Collins, in press)</p> <p>Mark Feinberg - Mark Feinberg is Vice President and Chief Public Health and Science Officer, Merck Vaccines at Merck & Co., Inc., where he focuses on global efforts to implement vaccines and infectious disease therapies to achieve the greatest individual and public health benefits. In this role, he is also responsible for developing initiatives and partnerships that accelerate the global availability of Merck's drugs and vaccines, and that enable Merck's R&D expertise to help address health challenges impacting resource-poor countries. Prior to joining Merck in 2004, Dr. Feinberg worked for over 20 years in both academia and government where he was actively engaged in basic and clinical research, patient care and health care policy--with a primary focus on HIV/AIDS pathogenesis, treatment and prevention research. Dr. Feinberg is a Fellow of the American College of Physicians, and a member of the Council on Foreign Relations and the Association of American Physicians. He is the recipient of an Elizabeth Glaser Scientist Award from the Pediatric AIDS Foundation and an Innovation in Clinical Research Award from the Doris Duke Charitable Foundation.</p> <p>Dr. Feinberg has also served as a member of several committees of the Institutes of Medicine and the National Academy of Sciences, and on the National Vaccine Advisory Committee (NVAC). Dr. Feinberg currently serves as a member of the Institute of Medicine's Forum on Microbial Threats, the Board of Trustees of the National Foundation for Infectious Diseases (NFID), the Board of Directors for the African Comprehensive HIV/AIDS Partnerships (ACHAP) Program, the External Advisory Board of the HIV</p>	
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		Vaccine Trial Network (HVTN), and the Scientific Advisory Board of the US President's Emergency Plan for AIDS Relief (PEPFAR).	
13	Mon Apr 20	<p>Private Sector Responses to Global Health Challenges: Part 4: The Case of Vaatsalya</p> <p>Questions to consider:</p> <ol style="list-style-type: none"> 1. What is the need that Vaatsalya Hospital address? 2. Why is this need satisfied by the market or commercial enterprises? 3. Why does Vaatsalya need to be a social enterprise? 4. What are the key drivers of Vaatsalya's business model? 5. What are some of the reasons that have led to Vaatsalya being able to establish a financially sustainable business even while meeting a social objective? 6. Is this model scalable? What are the enablers and constraints? 7. Does Vaatsalya need to do anything different from its current practices? 8. How does their model compare to that of other socially conscious private hospitals? Will they pose a competitive threat to Vaatsalya as it extends its reach? 	<p>Required reading from course textbook: Farmer et al. Chapter 12: "A Movement for Global Health Equity? A Closing Reflection"</p> <p>Reading 18: Prepare the Case Vaatsalya Hospital: Affordable Care in Proximity</p>
	Sat April 25	<p>By Saturday, April 25, 11:59 PM: Upload to Canvas>Assignments a succinct PowerPoint summary of the project that you will present on the final day of class, Monday, April 27th. The standard length and allowed time for each presentation will be announced to the class by mid-semester once the final number of projects is determined (though will probably be about 5 to 10 minutes per presentation).</p>	
14	Mon Apr 27	<p>Student Presentations. Student teams will have a designated period of time to present a summary of their course projects</p> <p>Instructor Summation</p>	
	Weds April 29	<p>By 5:00 PM post your final project to the Final Project Assignment Folder on Canvas</p>	